



BOARD OF OPTOMETRY
 2420 Del Paso Road, Suite 255, Sacramento, California, 95834
 TELEPHONE: (916) 575-7170 / (866) 585-2666
www.optometry.ca.gov



APPLICATION FOR LICENSURE AS AN OPTOMETRIST

The following information is required under Sections 3044, 3045 & 3046 of the Business and Professions Code. All terms of information requested are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. The official responsible for the maintenance of this information is the Executive Officer.

The information may be transferred to other interagency or intergovernmental agency, and/or enforcement agencies. Each individual has the right to review the files or records maintained on them by the agency, unless the records are identified as confidential information and exempted in Section 1798.3 of the Information Practices Act of the Civil

-- FOR OFFICE USE ONLY --

APPLICATION FEE: \$275.00

Receipt Number: _____

ATS Number: _____

Date Received: _____

FINGERPRINTS: If you reside in California, you must use a live scan service *form* for a criminal background check. You must have your fingerprints taken at a live scan facility which can be found on the Department of Justice web-site at www.ag.ca.gov, click on the link "FINGERPRINT SUBMISSIONS". Click on the county you wish to have the service performed. The current fee for live scan service is \$51 plus processing fees. You may download this form from the Board's web-site, or you may request that the Board send you one. If you reside outside of California, you must request a fingerprint card from the Board for a criminal background check. You will use the card to have your fingerprints processed at a law enforcement or fingerprint processing facility. You must then return the fingerprint card to the Board along with a processing fee of \$51.00 made out to the BOARD OF OPTOMETRY.

Please mark with a √ below if you want the Board to send you either of the following:

☐

Live Scan Form (California Only)

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Fingerprint Card (Out of State)

PLEASE TYPE OR PRINT LEGIBLY

1. NAME: (First) _____ (Middle) _____ (Last) _____

Other name/s used: _____ E-mail address: (_____)

2. ADDRESS: (Number & Street) _____ (DATE OF BIRTH) _____

(City) _____ (State) _____ (Zip) _____ (TELEPHONE) _____

3. Disclosure of your Social Security Number is mandatory. Section 30 of the Business and Professions Code and Public law 94-455 (42 section # USCA(c) (2) (C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your social security number, your application for examination will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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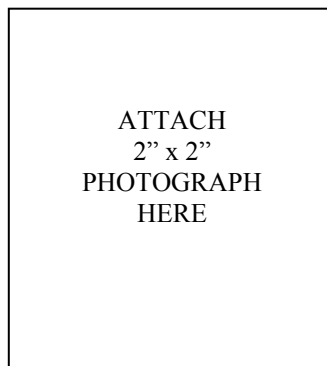
4 EDUCATION: Name of School of Optometry Attended
 (NAME OF SCHOOL)

(LOCATION OF SCHOOL) _____ (CITY) _____ (STATE) _____ (COUNTRY) _____

(DATE GRADUATED DD/MM/YYYY)

<p>5. Have you successfully completed parts I, II and III of the NBEO examination? If Yes, please indicate the month and year you sat for part III.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Year </div> <p><i>***Unless a current application is active and on file, documents sent to the Board will be kept for one year***</i></p>	
<p>6. Have you successfully completed the California Laws and Regulations Examination? If Yes, please indicate the month and year you sat for the examination.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Year </div>	
<p>7. Have you previously applied for licensure to practice optometry in California? If Yes, please provide the month and year of application:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Year </div>	
<p>8. Do you now or have you ever held a license to practice optometry in any other state? If Yes, please list each state and license number:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; justify-content: space-between; font-size: small;"> _____ (STATE) _____ (LIC.#) _____ (STATE) _____ (LIC.#) _____ (STATE) _____ (LIC.#) </div> <p>IMPORTANT NOTICE: A letter of good standing must be sent directly to this board from each state Board where you have held or hold a license.</p>	
<p>9. Have you ever had a license to practice optometry in this or any other state denied , suspended, or revoked? If answer is Yes, provide full details including charge(s), where (state or territory) and final disposition on separate piece of paper and attach to this application.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Have you, as a juvenile or adult, ever been convicted of or plead nolo contendere to any violation of a U.S. Statute, State Statute or local ordinance, other than Vehicle Code offenses in which fines levied were less than \$50.00? (Convictions dismissed pursuant to Section 1203.4 of the Penal Code must be disclosed) If answer is Yes, provide the full details of each offense, including nature, location, disposition and date of disposition and submit on a separate piece of paper with this application.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. I declare under penalty of perjury under the laws of the State of California that the answers and information given by me in completing this application, and any attached sheets, are true and I understand and agree that any misstatements of material facts herein may be cause for the denial of this application or for subsequent suspension or revocation of a certificate of registration to practice optometry in California if one is granted to me.</p> <p style="margin-top: 20px;">Signature of Applicant: _____ Date: _____</p>	

PHOTOS MUST HAVE BEEN TAKEN WITHIN THE LAST SIX MONTHS
USE TAPE DO NOT STAPLE



NOTE: If after one year from the date it was submitted, there is no activity on your application, it will be sent to destruct.
Should you then wish to apply for licensure, you will need to re-submit a new: application, fees and documentation.